PAYMENT:  Complete Partial Partial Final Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date  5-21-59 *Pawe  Title  Cost Per Dollar  Amount verified; correct for Figh Gignature or initials)  Amount verified; correct for Gignature or initials)  Parsuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$  (Authorized Certifying Officer)  Partial  Cost Per Dollar  \$4,23  Cost Per Dollar  \$4,23  Cost Per Dollar  \$4,23  Cost Per Dollar  Amount verified; correct for Gignature or initials)  (Signature or initials)  Cost Per Cost Cost Per Dollar  Title Cost Per Dollar  Cost Per Dollar  Cost Cost Per Dollar  Amount verified; correct for Gignature or initials)  Cost Cost Per Dollar  Title Cost Cost Cost Cost Cost Cost Cost Cost	The UNITED STATES, Dr.,  Payee's Account No.  (Payee)  (Address)  (Copy / OF2  (Copy / OP)  (Cop	THE UNITED STATES, Dr.,  Payer's Account No.  (Chyr)		<i>U. S.</i> CO	ST REIMBURS		oureau, or establishment)			-	PA	ID BY
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No. and Date of Order    Date of Delivery or Service	PAYMENT: Complete Partial Final Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)  Date  5-2]  Payme  Government NoT use this space)  Gist and that payment has not been received.  (Sign original only)  Date  5-2]  Payme  Government NoT use this space)  Original only)  Date  5-2]  Payme  Government NoT use this space)  Original only)  Date  5-2]  Payme  Government NoT use this space)  Original only)  Date  5-2]  Payme  Government NoT use this space)  Original only)  Date  5-2]  Payme  Government NoT use this space)  Original only)  Date  Total  \$4,23  Government NoT use this space)  Original only)  Date  Total  Amount verified; correct for  Gisquature or initials)  Contract No.  Date  Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$  Original not your statement of the payment of the payment.  † Approved for \$  Original not your statement of the payment of the payment of the payment.  † Approved for \$  Original not your statement of the payment of payment.  † Approved for \$  Original not your statement of the payment of payment.  † Approved for \$  Original not your statement of the payment of payment.  † Approved for \$  Original not your statement of the payment of payment.  † Approved for \$  Original not your statement of the payment of payment.  † Approved for \$  Original not your statement of the payment of the paym	No. and Date of Delivery or Services of Se			(Add	dress)				_		
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† Approved for \$	† Approved for \$	† Approved for \$   † (Authorized Certifying Officer)  By   ORIGINAL   Title   Date   The reverse of this form must be executed when purchases are made or services secured without written agreement in any form  ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)	:	Contract No.	0010	Date	Reg. No.	I	Date	I	nvoice Rec'	d.
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Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040037-2 STATINTL

Approved For Release 2	2001/08/15 : CIA-RDP64-00360R000600040037-2	
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